

St. Louis Public Schools District and School Nondisclosure Agreement (2011)

This policy agreement pertains to the St. Louis Public Schools (SLPS) Student Information System (SIS) which contains individual data on SLPS schools and students. SIS is the student information repository with student state identification numbers.

Under the auspices of the Superintendent of Schools, SIS will be managed by the Office of Operations. It will be maintained and accessed in accordance with the Family Educational Rights and Privacy Act (FERPA), the individuals with Disabilities Education Act (IDEA), the Protection of Pupil Rights Amendment (PPRA) and all Missouri statutes and regulations essential to maintaining the confidentiality of student records as they are collected and maintained.

Data security and student confidentiality are of the utmost importance to the St. Louis Public Schools, both as a district and within its individual buildings. As an SIS user, you have restricted access to view material and information that must be kept confidential and secure. Please treat all viewed information as confidential. This policy intends to ensure that only those persons with a legitimate educational interest have aggregate access to the SIS system.

As a user, you are expected to not reproduce any information, directly or indirectly, and to not disclose the content of materials viewed unless it is in the scope of your parenting. Information needed for organizational or individual research, must be requested through the official process approved by St. Louis Public Schools. Please do not put any SLPS school or student at any unfair advantage by sharing information with others. Consequences for inappropriate release or use of student or school information will be at the discretion of the Superintendent of Schools.

We are certain that you share our concern that student information is to be handled in a professional, secure, and confidential manner.

Thank you for your cooperation.



Please fill out this form and include all names of children in grades K-12 you would like Parent Portal access to.

Student Name (first and last)	Enrolled School	Grade

Please write in the e-mail address for student information notifications.

Parent _____ Relationship to student: _____

Home E-mail _____

Work E-mail _____

I understand that it is my responsibility to protect my Parent Portal password. I should not share my password with my children. I understand that the Parent Portal system may not be available 24 hours a day due to maintenance on the computer network, weather related interruptions, etc.

Parent Signature

Printed Name

Date

If you decide to physically bring the form into the office, you will need to show your driver's license for verification purposes. Otherwise, you will need to provide a copy of your driver's license with the form when it is submitted. After your form is processed, you will receive an email listing your sign-on information and password.